

Questionnaire Information about supplier of Sanok RC S.A.

Dear Sirs!

Knowing our supplier and their productive potential is of significant importance for Sanok RC S.A. in the scope of forming of effective and profitable for both parties principles of cooperation with suppliers.

Taking it into consideration we adress you with a request to provide us with information in the questionnaire.

In case of any significant changes, please send us all the updates. Also, please update the information about your company by the end of each year.

We inform contemporaneously, that data delivered to us by you will be available exclusively for the persons responsible for realization of the purchasing process at Sanok RC S.A.. Information transferred by you is being treated as confidential and will not be made available to third parties without written consent from you.

Yours sincerely,
Sanok Rubber Company S.A. Purchasing

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<input type="checkbox"/> New supplier <input type="checkbox"/> Updated						Updated elements: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O					
Element A: Questionnaire contact / Responsible person for completing the questionnaire at the supplier											
First and last name				E-mail							
Position				Phone							
Element B: Communication data:											
Name											
Address											
Phone											
Fax											
www page											
e-mail											
Element C: Management of the company, persons responsible for areas of the activity of the company:											
	First and last name			Position		Phone		e-mail			
						Telephone	Mobile phone				
Persons authorized to make statements of will											
Business matters											
Quality											
Production											
Logistic											
Dewelopment											
Element D: Remaining data referring to the company:											
Name of the bank											
Account number											
Tax (VAT) Identification Number											
Registration in the court register /											
Form of property											
Property structure (shareholders etc.)											
Element D: Data about the company activity											
Income from sale [mln €] current / last year											
Expenses for investments [mln €] current / last year											
Net profit before tax [mln €] current / last year											
Capital (basic/share/initial)											
Company insurance		<input type="checkbox"/> YES <input type="checkbox"/> NO		Kind of				Amount of insurance [€]			
Element E: Employment data											
Total				Production							
Quality				Logistic							
Sale				Dewelopment							
Element F: Type of activity and range of production											
										Only commercial activity? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Component parts											
<input type="checkbox"/> Machining			<input type="checkbox"/> Founding of steel and cast			<input type="checkbox"/> Production of aluminium pipes			<input type="checkbox"/> Galvanic treatment		
<input type="checkbox"/> Cutting out metal plates			<input type="checkbox"/> Founding of aluminium			<input type="checkbox"/> Production of steel pipes			<input type="checkbox"/> Forging		
<input type="checkbox"/> Presswork			<input type="checkbox"/> Production of metal plates / metal strips			<input type="checkbox"/> Other surface treatment / coatings			<input type="checkbox"/> Other metal products		
<input type="checkbox"/> Extrusion moulding											
Raw materials											
<input type="checkbox"/> Rubber			<input type="checkbox"/> White fillers			<input type="checkbox"/> Plasticizer, production oils					
<input type="checkbox"/> Carbon black			<input type="checkbox"/> Chemicals			<input type="checkbox"/> Other chemicals					
Half-finished products											
<input type="checkbox"/> Plastic moulding parts			<input type="checkbox"/> Plastic extrusion parts			<input type="checkbox"/> Fabrics / textiles			<input type="checkbox"/> Plastics		
<input type="checkbox"/> Rubber compounds			<input type="checkbox"/> Lacquers, glues			<input type="checkbox"/> Flock, flocked tapesokowane			<input type="checkbox"/> Cords		
Other											

Questionnaire Information about supplier of Sanok RC S.A.☐ Machines and production equipment☐ Machines and measuring equipment☐ Software / IT systems☐ Services: production / logistic / other

Others not specified above:

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Element H: Machinery (including control-measuring devices)

We are asking to enclose the list in the electronic form (MS Word, MS Excel, .rtf, or .txt) containing following data: Type of device (1), manufacturer (2), year of production (3), key parameters of the device (4), form of the property / owner (5)

We possess our own laboratory ☐ YES ☐ NO

Element I: Detailed data referring to the location of production

List of separate localizations (different postal codes) where the activity is runned:

General number of buildings:		Production area:	
Land:		Warehouse area:	
Office area:			

Does the property has a mortgage? ☐ YES ☐ NO

Element J: Capability of the company in the range of designing:

CAD/CAM software ☐ YES ☐ NO

Preferred data exchange format ☐ 2D ☐ 3D ☐ N/A

Number of persons trained / working in CAD/CAM

Element K: Main customers / referential list and range of cooperation:

Name	Country	Assortment	Sales volume [%]

Element L: Key suppliers of raw materials / of semi-finished products:

Name	Country	Assortment	Purchase volume [%]

Element M: Capability of the company in the field of reaction to complaints:

Possibility to sort (description - principles of the organization, efficiency, person responsible for realization and the like)

Mass dimensional control (description - organizational principles, performance, person responding)

Element N: Logistic data

Road distance to Sanok RC km

Warehouse opening hours from Monday to Friday from to
 on Saturdays from to

Responsible person: Phon / e-mail:

System of work: ☐ 1 shift / day ☐ 2 shifts / day ☐ 3 shifts / day ☐ 0 other Which?

Element O: Quality management system / tools used

Elementy / metody stosowanie / dostępne w organizacji

☐ Quality Manual ☐ APQP ☐ FMEA ☐ SPC ☐ MSA ☐ 8D

Certification of Quality, Environment, Health and Safety and Information Security Management System - please mark and attach the certificate

Certyfikat	Possessed	Planned	Date of certification	Certification organization	Comments
ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>			
IATF 16949	<input type="checkbox"/>	<input type="checkbox"/>			
VDA 6.1	<input type="checkbox"/>	<input type="checkbox"/>			
ISO 45001	<input type="checkbox"/>	<input type="checkbox"/>			
ISO 14001	<input type="checkbox"/>	<input type="checkbox"/>			
ISO 45001	<input type="checkbox"/>	<input type="checkbox"/>			
ISO 50001	<input type="checkbox"/>	<input type="checkbox"/>			
ISO 27001	<input type="checkbox"/>	<input type="checkbox"/>			

If you do not have an ISO 27001 system in place, please indicate how you comply with information security

OTHER

Enclosures

☐ Organizational chart (element C) ☐ List of machines and devices (element H)
☐ Copy of registration (element D) ☐ Copy of certificate (element O)
☐ OTHER Which?

Date:

Signature: